

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000008988
1. Corporation Name
READ AMERICA, INC.

Principal Place of Business Meeting Address
**378 WHOOPIING LOOP
SUITE 1262
ALTAMONTE SPRINGS
FL 32701** **SAME**

21	2. Principal Place of Business	26	2a. Meeting Address
22	Subsidiary # 1	27	Subsidiary # 2
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
1/27/94	7/14/95
4. FEI Number	Applicable Not Applicable
59-3225231	
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
8. This corporation has, lately for filingable to under s. 193.032 Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GEOFFREY MCGUINNESS
302 W. 6th AVE
MT. DORA
FL 32757**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Applicable)
83	
84	City
85	Zip Code
FL	

11. Pursuant to the provisions of Sections 602.01 and 602.02, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent on this date. If the change was not made by this report or a board of directors, then they, as the authorized agent of the corporation, warrant that the change was made by the board of directors.

SIGNATURE

12. OFFICERS AND DIRECTORS	
NAME	PRESIDENT, SEC. TREAS GEOFFREY MCGUINNESS
STREET ADDRESS	302 W. 6th AVE
CITY, ST, ZIP	MT. DORA, FL 32757
TITLE	DIRECTOR
NAME	DIANE MCGUINNESS
STREET ADDRESS	4187 DINGMAN DR.
CITY, ST, ZIP	SANIBEL, FL 33957
TITLE	DIRECTOR
NAME	BRIAN MCGUINNESS
STREET ADDRESS	43 WEST COMMON
CITY, ST, ZIP	HARPENDEN, ENGLAND
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	

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***233.75**

14. I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am a duly authorized officer or director of the corporation.

SIGNATURE: *G. McGuinness*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
G. J. MCGUINNESS-PRESIDENT

8/18/96 407-332-9144

CR2E034 (3/96)